

S470A110-A

SECTION 503 ALERT NOTICE

THE CLIENT NAMED BELOW MAY CONTINUE TO BE ELIGIBLE FOR MEDICAL ONLY
DUE TO THE SOCIAL SECURITY COST OF LIVING INCREASE.

SEE EMPLOYEES MANUAL, VIII-D, (PERSONS INELIGIBLE FOR SSI OR SSA
BECAUSE OF SOCIAL SECURITY COST OF LIVING INCREASES - 503 MEDICAL
ONLY). THIS POLICY APPLIES TO ONLY SSI AND STATE SUPPLEMENTARY
MONEY PAYMENT CASES. PLEASE REVIEW THE ELIGIBILITY FOR MEDICAID
AND CHANGE THE AID TYPE WHERE APPROPRIATE.

COUNTY ACTION:

1. DETERMINE MEDICAID ELIGIBILITY.
2. MAIL TO RECIPIENT A COPY OF LETTER SUGGESTED VIII-D
3. INPUT CHANGE OF AID TYPE IN ABC SYSTEM.
4. FILE 503 ALERT NOTICE IN RECIPIENT CASE RECORD.

COUNTY-WORKER ID.	ABC CASE NUMBER	COUNTY NAME
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CLIENT NAME

SSN

PAYEE ADDRESS

RESIDENT ADDRESS
